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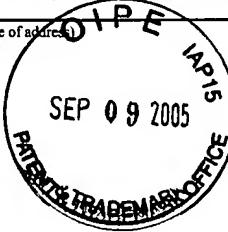
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Maritza Kidd	(Depositor's name)
<i>Maritza Kidd</i>	(Signature)
9 - 7 - 05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,357	11/14/2003	Robert F. Rioux	2024728-7019802001 (02-41)	9158

TITLE OF INVENTION: SYSTEMS AND METHODS FOR PERFORMING SIMULTANEOUS ABLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROLLINS, ROSILAND STACIE	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BOSTON SCIENTIFIC SCIMED, INC. Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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Authorized Signature David T. Burse

Date 9/6/05

Typed or printed name David T. Burse

Registration No. 37,104

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